

Attorney Docket No.: ECC-02200

HAVERSTOCK & OWENS LLP 162 North Wolfe Road Sunnyvale, California 94086 (408) 530-9700 Customer No.: 28960

In re Application of:
Serial No.:
Filed:
Serial No.:
STORAGE BIN WITH ATTACHABLE LABEL HOLDER

3617

Group Art Unit: Examiner Name:

Olson, Lars A.

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Sir:

2.

3. 4. This is a Request for a Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

CERTIFICATION UNDER 37 CFR § 1.08

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, Mail Stop RCE, April 12, 2005 Junifel Pak

(Name of Person Mailing Paper)

1.	Submissio	n required under C.F.R. § 1.114
	a	Previously submitted
		i Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered)
		ii Consider the arguments in the Appeal Brief or Reply Brief previously filed on
		iii Other
	bX	Enclosed
		i Amendment/Reply
		ii Affidavit(s)/Declaration(s)
		iii Information Disclosure Statement (IDS)
		iv. X Other Preliminary Amendment
2.	Miscellane	eous
	a	Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
	bX	Other One new independent claim 04/15/2005 ANONDAF1 00000076 10631992
3.	cX	
4.	Fees The	RCE fee under 37 C.F.R. § 1.17(e) is required by 37C.F.R. § 1.11403h FC 1822 CC E is filed. 25.00 OP
	a. X	_ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No.: <u>08-1275</u> .
		i. X RCE fee required under 37 C.F.R. § 1.17(e)
		ii Extension of time fee (37 C.F. R. § § 1.136 and 1.17)
		iii Other
	bX	Check in the amount of \$520.00 (\$395.00 to cover the request for continued examination filing fee plus \$125.00 to cover the new independent claim filing fee) enclosed
	c	Payment by credit card (form PTO-2038 enclosed)
5.	<u>x</u>	Return Receipt Postcard
	Dated:	By: Double Or Overs Name Jonathan O. Owens Registration No.: 37,902